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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/584,592			ling Date 11/2007	To be Mailed	
APPLICATION AS FILED – PART I. (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR NUMBER FILED				LED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	_	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•			x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			tion size fee due y) for each ion thereof. See					·		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									٠				
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT	04/11/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	÷ 7	Minus	** 20		= 0		X \$26 =	0	OR	x \$ =		
	Independent (37 CFR 1.16(h))	• 1	Minus	*** 3		= 0		X \$110=	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))								,				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
						ţ		TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	X \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =		
EN	Application Size Fee (37 CFR 1.16(s))												
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									ÖR			
										OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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